



2061 Beverly Road  
Gainesville, GA 30501  
GainesvilleEye.com

Hayesville Office  
1091 US Highway 64 West  
Hayesville, NC 28904

Georgia Vision Center  
344 Main Street South  
Hiawassee, GA 30546

Clayton-Wal-Mart Vision Center  
1455 Hwy 441 South  
Clayton, GA 30525

Cornelia Office  
120 Vision Drive  
Cornelia, GA 30531

770.532.4444 • 800.338.6752

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## Cataracts

A GUIDE FOR OUR PATIENTS



Jack M. Chapman, Jr., M.D.



## Jack M. Chapman, Jr., M.D.

Jack M. Chapman, Jr., M.D., received his undergraduate degree from the University of Georgia, his medical degree from the Medical College of Georgia, and completed his Ophthalmology residency training at the Medical College of Georgia Hospitals and Clinics. He is board certified in Ophthalmology and has lived in Gainesville since 1992. Dr. Chapman is active in the community and serves on the Health Access Initiative Board of Directors. He is a committee member for the Greater Hall Chamber of Commerce and holds the distinguished honor of having served as the president of the Medical Association of Georgia for the 2007-2008 year.

I hope this brochure will answer the questions you may have regarding cataracts and cataract surgery. Should you have others, please contact my office. Our professional staff will be happy to provide any information you may need.

Jack Chapman, M.D.

## Introduction

Years ago, complications from operations were much more common than they are today and hospitalization could be a week or more. However, cataract treatment has come a very long way since those days. Today, we remove cataracts on an outpatient basis with far greater precision, by micro-surgery. After removal of the cataract we place a new lens in the eye using the same microscopic incision, with faster recuperation and reduced dependence on glasses.

As a result of this progress, cataract surgery is significantly simpler, and it means increased comfort for the patient. More than 2 million cataract procedures are performed worldwide annually.

## What is a cataract?

A cataract is a cloudiness of the natural lens of the eye that dims or blurs vision, often causing a glare or halo around lights at night, and creating sight difficulty in dim light situations. A clouded lens cannot be made clear again. If your sight becomes too poor to carry on normal activities, the only solution is to surgically remove the clouded lens and replace it with an artificial lens. Other methods such as eye exercises and eye drops simply do not work. Should you decide not to have the cataract removed, your vision loss from the cataract will continue to worsen.

## What causes cataracts?

Most cataracts occur naturally. As you get older, the natural lens inside your eye can become cloudy and hard, a condition known as a cataract. Cataracts can also develop as a result of eye injury, a birth defect, diabetes and other diseases, or from the use of steroid medications.

## Deciding about surgery

Cataract surgery is a decision that deserves discussion with your family doctor, your eye doctor, your family and friends. If you would like, seek another opinion. As with any surgery, risks exist, so you should not have it done unless it is really necessary. The final decision, however, is yours because only you can assess your need for better vision.

As a rule, cataract surgery is a good idea only if your vision has worsened to the point that you have trouble carrying on your normal activities, like reading or sewing, watching TV or driving.

A person with special visual needs, such as a pilot, watchmaker or a truck driver will probably need cataract removal sooner than someone with less critical vision needs.

Often, patients with a cataract in one eye can function well relying primarily on their vision in the better eye. Others in the same situation find the poor vision in the blind eye worrisome.

If you can still see well enough to live and work normally, you can put off surgery until the cataract is hindering your vision daily. There is a theoretic danger of a cataract damaging your eye, but this is very rare and should not be a concern.

Generally, the procedure is not made riskier or more difficult by postponement. It should only be done when you feel it is necessary.

## The effectiveness of intraocular lenses

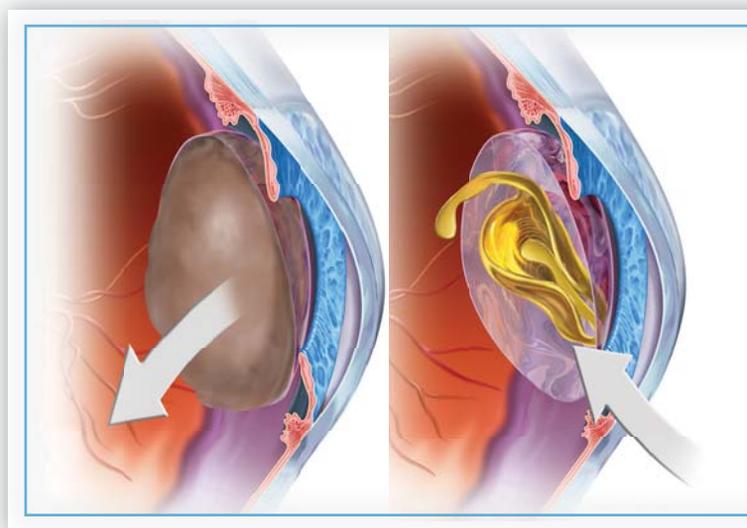
If you decide to have your cataract removed, you will receive an artificial lens in its place. You cannot feel or see this lens inside your eye. In fact, after a few days you will not be aware you have an artificial lens. This substitute for the natural lens is called an intraocular lens (IOL).

Made of silicone or acrylic, the IOL will be a permanent placement inside your eye. The incision needed is so tiny that it can only be seen with the aid of a high-powered microscope. The wound typically closes itself without the need for stitches. The cataract will not come back.

IOL implants have been in use for fifty years. Combined with our highly sophisticated micro-surgery, most patients achieve excellent vision and predictable outcomes.

## Secondary implants

Typically, an IOL is implanted at the time of the cataract removal. When that is the case, the lens is called a "primary" implant. On rare occasions, a cataract is removed but the lens is not replaced. A lens that is implanted at a later time is known as a "secondary" implantation. In many cases, a secondary implant may achieve the same quality of vision that can be obtained with a primary implant.



## Why would I need a replacement lens?

Your eye works much like a camera. As light enters your eye, it is focused first by your cornea (the clear dome on the front of your eye) and second, by the lens in your eye. This light image is projected onto your retina (like film in a camera), and interpreted by the brain as what “we see.”

Imagine how removing the lens from a camera would change the way it took pictures. A clouded lens blurs the light so that the images you see cannot be transmitted clearly to the brain. If your clouded lens is removed, but not replaced with an IOL, your retina’s ability to focus clearly would be lost and you would require very thick glasses or contact lenses to see.

## What are my choices?

You have different kinds of IOLs to choose from, and each of these choices has certain advantages and disadvantages, as explained below. The main difference in your options is that traditional IOLs (monofocals) only provide distance vision or near vision while the multifocal IOLs can give patients clear distance, intermediate and near vision without the need for glasses or contact lenses.

There are several options available to you to achieve both distance and near vision without glasses after cataract surgery. We will explain your options, risks and benefits with each visual system



when you are ready to have your cataracts removed. Your ophthalmologist at Gainesville Eye Associates will help you decide on the type of IOL you will receive.

### **MONOFOCAL IOLS | single-focus lenses designed to provide distance vision**

This traditional monofocal lens can provide good distance vision, but will require wearing reading glasses/contacts after surgery to see at near distances.

This lens is covered by your insurance company. Even if you are able to remove your glasses now and read at near distances, the ability to do this will be lost after cataract surgery.

### **MULTIFOCAL IOLS | multiple-focus lenses providing for near, intermediate and distance vision**

This type of lens affords the most independence from glasses and contacts after surgery. Depending on the technological features of the lenses, they may be described as “accommodating” or “apodized diffractive” or “presbyopia correcting.” All of these are multifocal, meaning they can correct for far, near and intermediate (arms length) distances.

Multifocal IOLs require an out-of-pocket expense that is not covered by Medicare or commercial insurance plans. This will be thoroughly discussed at the time of scheduling your surgery. These lenses will produce some glare and halos around lights in dim or dark light, but you will notice them less over time, and typically, not at all over a several-month period.

### **TORIC IOLS | similar to a traditional monofocal lens, but also treats astigmatism**

This type of lens will only be recommended for patients with enough astigmatism to warrant having the lens. Patients choosing this type of lens will still wear reading glasses after surgery, but will

experience increased clarity at distance over a standard monofocal lens.

These lenses require an out-of-pocket expense.

### **MONOVISION | not one lens but a system of varied-power lenses**

Monovision uses traditional monofocal lenses of different powers to increase freedom from glasses. This visual system involves one eye corrected for near vision and the other for distance vision. Your doctor will demonstrate this system for you prior to surgery.

### **COMBINED TECHNOLOGIES**

You and your doctor may choose a combination of the lenses above to create a personalized treatment plan for your unique visual needs.

### **What kind of outcome can I expect?**

Cataract surgery will not correct other causes of decreased vision, such as glaucoma, diabetes, or age-related macular degeneration. Most people still need to wear glasses or contact lens after cataract surgery for either near or distance vision and astigmatism.

We will try to reduce your dependence on glasses and contacts as much as possible, but you may require distance or reading glasses for best vision. In any case, your glasses prescription will change after the operation.

### **Post-operative refractive, LASIK/PRK/RK**

Patients who have had prior refractive surgery such as LASIK, PRK or RK can be more difficult to measure precisely, making additional testing necessary in order to calculate the needed IOL power. In these cases, if the visual power of the eye after surgery is



considerably different than planned, an additional surgery may be required. You need to understand there is an additional cost for a second surgery that may be required due to the effects of prior refractive surgery. Your doctor and staff can explain at the time of your consultation.

### **What happens during the cataract procedure?**

Before the surgery, you will receive medication to help you relax. Local anesthetics and intravenous sedation help ensure that you feel no pain and remain motionless through the procedure.

The eye area will be cleansed and draped, and will be positioned open so you do not have to worry about blinking.

Using a state-of-the-art microscope and microsurgical instruments, your surgeon will make a tiny incision, then break up and vacuum away the clouded

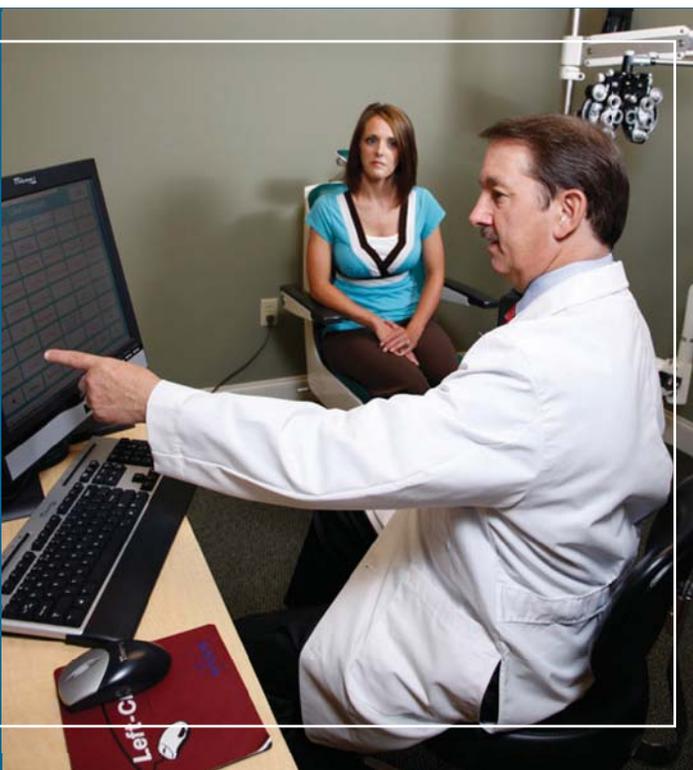
lens. This technique is known as phacoemulsification or "no-stitch cataract surgery."

After the cataract is removed, the doctor will fold the new lens so it will easily pass through the wound, where it gently unfolds into place. The entire procedure takes from ten to twenty minutes.

After spending a few minutes in recovery, you will be sent home with a shield over your eye to protect it from accidental rubbing or bumping. You will remember very little about the surgery.

### **How long until I will be up and about?**

Even though modern cataract surgery is on an outpatient basis, some patients may need to take it easy for the first few days. However, the majority of our patients drive a car and resume normal activities the very next day.



You will experience little to no discomfort. Still, follow-up visits are of the utmost importance. We will observe you as you heal for four weeks following your procedure. Typically, vision is restored right away, but the full healing process takes about four weeks. Medical observation and follow-up during this time is very important, even if your eye feels comfortable and your vision seems restored. We will schedule a series of return visits to monitor your healing progress.

### **What postoperative care is required?**

Even if you are able to resume most activities almost immediately after surgery, your doctor will caution you to stay away from very heavy lifting and strenuous exercise. We want you to avoid putting unnecessary strain on your incision as it heals. And you will need to keep water out of your eyes for one week.

Wear an eye shield when sleeping for one week and use medicated eye drops daily for a short period of time. Vision restoration is usually immediate, but vision will continue to improve as the eye completely heals.

We will provide detailed instructions on how to use your drops, but if at any time you have any questions about your medications and how they are used, make sure to ask us, since using the medication exactly as directed is most important.

Approximately four weeks after the procedure you will be prescribed new glasses (if needed). This gives the eye time to heal sufficiently. Since the eyes are done one at a time, usually about 1-2 weeks apart, your glasses prescription can be changed between surgeries, at no additional charge to you.

## What are the risks of cataract surgery?

Although the chance of having a significant complication is small, a variety of things could go wrong during a procedure. Some of the risks include, but are not limited to: retinal detachment, macular edema (swelling), corneal edema (swelling), inflammation and/or infection and secondary membranes, requiring a YAG laser (see below).

All risks will be discussed with you or explained in material we'll give you to read prior to scheduling your procedure.

We make every effort to avoid any complication. Our surgery center is outfitted with the finest equipment available. All our surgeons and support staff are highly trained and have exceptional quality standards. These factors reduce the risk of complications.

## Membrane clouding

Regardless of the lens chosen, 20 to 30 percent of patients will experience a clouding of the cataract envelope (posterior capsule) at some point following cataract surgery. This clouding of the membrane behind the implant can cause blurred vision. This can happen weeks, months or years after surgery and is easily treated in the office using a YAG laser to allow you to see through the membrane once again. Once treated, membrane clouding will not reoccur.

## What is the cost of cataract surgery?

Cataract removal and implantation of a traditional monofocal IOL is covered by Medicare, Medicaid and other insurance companies. Our office will establish your eligibility and file all insurance forms for you. Should you have any questions regarding your finances or insurance, do not hesitate to discuss this

with our staff. Our job is to make this experience a pleasant one, and to communicate with both you and the insurance company.

Interest-free payment options are available for patients choosing to finance any cost of the surgery. This option may be discussed prior to scheduling.

## Cataract surgery frequently asked questions

### Where is the surgery done?

Our local state-of-the-art surgical center employs a staff of nurses and doctors specializing in cataract procedures. When feasible, surgery may be scheduled at a facility of your choice. Options will be discussed with you by your surgical coordinator.

### How long will I be at the surgery center?

Cataract surgery is performed on an out-patient basis. You will be at the center for approximately two to three hours total. You will need a driver to take you home afterwards.

### Does it hurt / will I have pain?

No, you may have mild discomfort for 24 hours, but the majority of patients say they never felt anything, during or after the procedure. Very rarely is it necessary for patients to take any pain medication at home.

### Do you have to take my eye out?

No, you are reclined on a bed and the procedure is performed with your eye in its normal position, using a high-powered microscope.

### Can my eye reject the IOL?

No, the artificial lenses are made of silicone or acrylic and cannot be rejected by the eye in any way.

### Can I feel the IOL in my eye?

No. You will not be aware of the lens at all, just like you cannot feel your lens in your eye now. Occasionally, patients feel "something in the eye" during recuperation, but that goes away usually within a few days.

### Do cataracts have to be "ripe" before they can be removed?

No. This is a common misconception based on old technology. Cataracts can be removed at any stage using our modern techniques.

### Does my age make any difference?

No. We have successfully removed cataracts from children as well as from patients over 100 years old.

### Will it hurt my eye if cataracts are not removed?

No, cataracts very rarely damage an eye. If you do not have your cataracts removed, your vision will continue to worsen. While cataracts do impair vision, good vision can almost always be restored with removal.

### What about my activities afterwards?

In most cases, it is possible for patients to resume normal activity when they return home. We like to have the eye protected for the first few days, by means of plain or dark glasses during the day and the eye shield when sleeping.

### When can I wash my hair?

You may wash your hair the day after surgery, taking precautions to keep water out of the operative eye.

### When can I go swimming?

No swimming in lakes or rivers for one week after surgery.

### When can I wear makeup again?

For precautionary reasons, we recommend you wait one week before using eye makeup.

### Can the IOL fall out?

No. It is held permanently in place inside your eye and cannot move.

### How much can I lift?

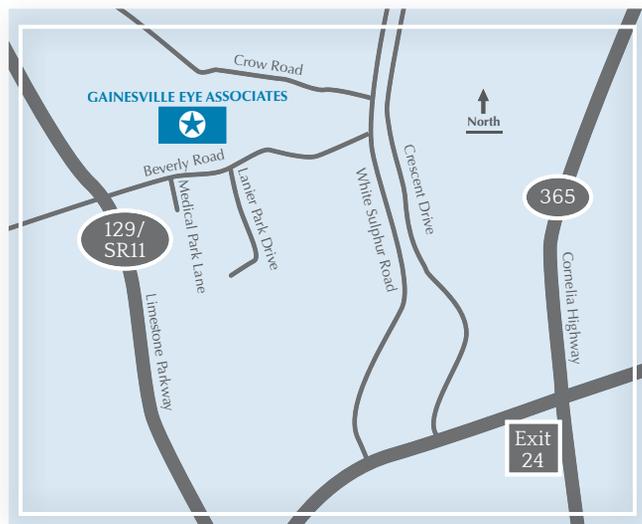
As a precaution, we recommend that you don't try to strain or lift over 20 pounds for the first week.

### Can I stoop or bend over after surgery?

Yes. Your doctor will advise you if you shouldn't.

### Will my glasses have to be changed afterwards?

Yes, definitely. Your doctor will give you a new glasses prescription about four weeks after the procedure, unless you have chosen a multi-focal lens implant, in which case you will most likely not need a pair of glasses afterwards.



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